Division of Research and Planning
North Carolina Department of Correction

The Criminal Justice Partnership Program
A Review of National Best Practice Programs for Community Corrections
[Section 17.15.(d) of S.L. 2007-323]

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I.   Introduction and Purpose

The purpose of this report is to respond to Section 17.15.(d) of Session Law 2007-323:

> **SECTION 17.15.(d)** The Research and Planning Division of the Department of Correction shall review national best practice programs for community corrections and recommend whether the types of programs currently being funded should continue to be funded, and whether alternative programs should be funded if a county wants to expand sanction options.

This report describes the goals and current programs offered by the Criminal Justice Partnership Program. A review of the correctional literature for national best practice programs for community corrections follows this description. Lastly, this report addresses the funding of current programs and the recommendations for expanded sanctions or service options.

II. Community Corrections in NC: The Criminal Justice Partnership Program

The program and services of the Criminal Justice Partnership Program (CJPP) provide the treatment and intervention continuum for the Division of Community Corrections in North Carolina. The goals of the Criminal Justice Partnership Program are to:

1. Reduce recidivism
2. Reduce probation revocations
3. Reduce drug and alcohol dependence, and
4. Reduce the cost of incarceration to the State and to counties

The CJPP has three broad categories of programs and services to address the rehabilitative needs of offenders on probation, parole, and post-release: Day Reporting Centers (DRC), Resource Centers, and Satellite Substance Abuse Services. All of the CJPP programs and services utilize Treatment Accountability for Safer Communities (TASC) for substance abuse assessments and care management.

The Day Reporting Centers (DRC) and Resource Centers offer four core services: substance abuse treatment, cognitive behavioral interventions, employability training, and academic/vocational education. The Satellite Substance Abuse Services offer, at a minimum, the substance abuse treatment continuum that includes regular and intensive outpatient treatment and aftercare. Offenders participate in the services for a minimum of four months (six months for DRC) up to a maximum of one year. Services and programs are offered during both day and evening hours to accommodate offenders' employment schedules.

Day Reporting Centers (DRC) are intermediate sanctions; offenders are ordered by the court to participate. DRCs provide treatment in a central location and use a team concept. In addition to the DRC staff, a probation officer and surveillance officer are assigned to supervise these specific offenders. This team approach allows for closer supervision with

daily interactions and individualized case management. Officers can respond immediately to noncompliance and provide swift responses to the offender's behavior.

Resource Centers (RC) serve offenders who have received an intermediate punishment such as Electronic House Arrest, Split Sentence, Drug Court, or Intensive Supervision. RCs offer the same core services as a DRC, but the services may be delivered onsite or off-site. Offenders are assigned for a minimum of four months and a maximum of one year.

Satellite Substance Abuse Services (SSAS) serve offenders who have received an intermediate punishment such as Electronic House Arrest, Split Sentence, Drug Court, or Intensive Supervision. These services are offered in a central location to facilitate the group treatment experience. The treatment services include regular and intensive outpatient treatment, individual counseling, aftercare, and in some cases support groups for AA/NA and family counseling. SSAS specialize in managing the treatment plan and maintaining appropriate levels of outpatient/residential care. The TASC care manager and the probation officer provide comprehensive case management services. Offenders are assigned for a minimum of four months and a maximum of one year.

III. Review of National Best Practice Programs based on Evidence-based Practices

A review of the national best practice programs for community corrections indicates that there are various programs and interventions devoted to reducing recidivism and rehabilitating offenders. The program offerings span a continuum from supervision and control to treatment and intervention. An examination of community programs that are deterrence or control-oriented or programs that are an enhancement of control (e.g., intensive supervision) indicates that these programs do not demonstrate a reduction in recidivism (Cullen, Wright, & Applegate, 1996; Lipsey & Cullen, 2007; and Lowenkamp & Latessa, 2002). In fact, Lipsey and Cullen (2007) reported that "tough love" programs ("Scared Straight," prison visitation) actually increase the probability of recidivism. Punishment, by itself, has little or no impact on recidivism.

Treatment programs are generally more effective in reducing recidivism than sanctions and punishment. In the community setting, a popular means of offering treatment is to use an administrative "umbrella" of a halfway house, a day reporting center, or a centralized office location. Researchers have grouped treatment programs from these settings into larger categories such as family counseling, sex offender treatment, drug/alcohol abuse treatment, cognitive behavioral therapy, domestic violence prevention, and employment programs. Researchers have found that not all programs are effective in reducing recidivism. Furthermore, there are internal differences within program groupings in that the programs based on better-developed theory and research have a greater positive influence than those programs without theoretical or research foundation.

To examine this issue more closely, researchers used meta-analysis, which is a statistical technique that allows for a comparison of the recidivism results from a variety of programs and studies. The comparison of interest is the difference (the effect size) in recidivism rates between those offenders who completed treatment and those offenders who did not complete treatment (Lipsey, & Cullen, 2007; Triola, 2001). The findings from the meta-analysis literature suggested that specific, individual programs that consistently reduce recidivism do

not exist (Cullen, Wright, & Applegate, 1996; Lipsey & Cullen, 2007). In other words, there are no "magic bullets" for offender correctional programming in a community setting.

Moreover, the meta-analysis indicated that while programs within a specific grouping may provide varying reductions in recidivism, this grouping of programs cannot be considered a "magic bullet" either. For example, while family therapy treatment programs generally reduce recidivism, the different types of programs within this grouping produce wide-ranging results. The lack of consistency in the results made it difficult or nearly impossible to endorse one specific program over another. Therefore, researchers began focusing more attention on the characteristics and qualities of programs that reduced recidivism rather than program label names. These efforts moved correctional research forward significantly and finally gave practitioners tangible programmatic clues that could yield positive offender outcomes.

This research is best categorized as the "What Works" literature and identified general program outcomes to increase the knowledge base in this area. The next step identified a set of program characteristics that determine an intervention's ability to reduce recidivism. Correctional research now includes a set of guiding principles or evidence-based practices that, if incorporated into rehabilitative programs, will lead to reduced rates of recidivism for offenders (Latessa, 2008; Lipsey & Cullen, 2007; Virginia Department of Criminal Justice Services, 2008).

This report follows that lead by focusing on the principles and practices that need to be present at the core of all correctional programs. The four core services offered by CJPP (substance abuse treatment, cognitive behavioral intervention, employability training, and academic/vocational education) possess the characteristics that can lead to reductions in recidivism.

IV. Considering Programs Using the Criteria of Evidence-based Practices

The Evidence-based Practices consist of eight Principles of Effective Intervention that are interdependent and supported by existing research (NIC, April 2004); Appendix A contains the complete list. Briefly, the eight Principles of Effective Intervention suggest that staff need to conduct risk/need assessments of the offenders referred for treatment to ensure that the offenders do need treatment and that they are assigned to the correct level of treatment. Appropriate offenders are those who are at a high risk for re-offending. The offenders need to learn pro-social skills and the program interventions or treatment services should include the use of directed practices (role-playing and behavioral rehearsals) based in cognitive behavioral intervention methods. Programs and services should provide structure for the offender and last between three and nine months in duration. Lastly, staff should be trained and skilled in enhancing the intrinsic motivation of the offender and enlisting the support of the offender's communities (families and neighborhoods).

The current practices, policies, and procedures of the Division of Community Corrections (DCC) support the services and interventions offered by CJPP. Broadly, following the outline of Evidence-based Practices literature, DCC created North Carolina's *Guide to Offender Management* (Division of Community Corrections, 2005) to explain the Offender Case Management Model as a coordinated plan of offender supervision, programs, treatment, and management. This approach, as a whole, leads to positive changes in offender attitudes and

behaviors that will enhance public safety. CJPP's overall goals and core services are consistent with this model in providing effective treatment and programming.

Additional indicators demonstrate that CJPP program types are compatible with the tenets of Evidence-based Practices. For instance, CJPP staff has access to the results from offender assessment instruments. The first instrument identifies the appropriate level of care for substance abuse treatment and is completed by TASC staff. The second instrument, a DCC risk/needs assessment implemented in December 2007, gathers information on the offender's motivation for change, the court-ordered obligations, the offender's risk of revocation, and criminogenic needs (crime producing behaviors or issues). Supervising officers then create individualized case plans based on assessment results to create a road map of the programs and services appropriate for the offender. CJPP staff and their related services play an important role in the case planning and case management process.

Another example is the training and education of DCC and CJPP staff through the Correctional Case Management Training Initiative. This curriculum, which is under development, will provide field staff with a basic understanding of the principles, strategies and techniques associated with case management in order to develop skills, knowledge, and abilities to effectively manage and assist offenders (Fundamentals of Correctional Case Management, February 2007).

Lastly, the Department of Correction utilizes the Correctional Program Assessment Inventory (CPAI) as an objective instrument to assess program effectiveness. (See Appendix B for a more complete discussion.) The CPAI findings allow for an examination of program fidelity to the Principles of Effective Intervention (Andrews, 1995a, 1995b; Latessa & Holsinger, 1998; Latessa & Lowenkamp, 2006; Lowenkamp & Latessa, 2002; Lowenkamp, Latessa, & Smith, 2006). The CPAI assesses the value of a correctional program by comparing its integrity to the practices proven to reduce recidivism. Preliminary findings from the Department's use of the Correctional Program Assessment Inventory (CPAI) indicate that CJPP is having a positive impact on offender behavior and thus statutory goals.

V. Recommendations

Funding of existing programs

This report recommends that all current types of programs continue to receive funding. The goals of the programs and services provided by CJPP are consistent with Evidence-based Practices. The report also recommends that quality assurance efforts be extended to include an assessment of programs for fidelity to these Practices.

Funding of alternative programs

As referenced in the literature review, there are varying types of programs that can be offered in the community corrections settings; many if not most can be offered within the "umbrella" structure of current program types whether it is a DRC, RC or SSAS. The essential elements are program characteristics that are widely recognized and demonstrated to change offender behavior and reduce recidivism. These elements are outlined in the Evidence-based Practices literature as well as the meta-analysis findings.

The specific content and structure of expanded and/or additional programs and services should be determined by the local boards working in conjunction with DCC staff. Together, these groups would identify programs that fit into the treatment continuum based upon offender need and resource availability.

It is further recommended that the application process for all proposed expansion of programs/services incorporate the CPAI as part of the evaluation process or continuation review. Those programs meeting the criterion of fidelity to Evidence-based Practices would be approved for implementation. Those programs with identified gaps or lacking fidelity to program integrity would receive action plans that outline deficient areas and appropriate strategies for improvement. DCC and CJPP staff would then have a mechanism for monitoring improvement, maintaining compliance, and achieving high quality results.

Appendix A

The eight Principles of Effective Intervention are:

1. Assess actuarial risk/needs
2. Enhance intrinsic motivation
3. Target Interventions

    a. Risk Principle: Prioritize supervision and treatment for higher risk offenders
    b. Need Principle: Target interventions to criminogenic needs (the dynamic risk factors that, when addressed or changed, affect the offender's risk of recidivism)
    c. Responsivity Principle: Be responsive to temperament, learning style, motivation, culture, and gender when assigning programs
    d. Dosage: Structure 40-70% of the high risk offenders time for 3-9 months
    e. Treatment: Integrate treatment into the full sentence/sanction requirements

4. Train offenders on new and pro-social skills by using directed practices that are based in Cognitive Behavioral treatment methods.
5. Increase positive reinforcement
6. Engage in ongoing support of natural communities (families and neighborhoods)
7. Measure relevant process and practices
8. Provide measurement feedback

See the work of Andrews, 1995a, 1995b; Gendreau, Goggin, & Smith, 1999; NIC, 2004; Lowenkamp, Latessa, & Smith, 2006.

Appendix B

The Correctional Program Assessment Inventory (CPAI)

In 2007, Secretary Theodis Beck used the findings on Evidence-Based Practices as the basis for a request to the Research and Planning section to conduct a department-wide evaluation of programs. He indicated that he wanted an objective assessment that would identify programs that incorporate the eight Principles of Effective Intervention (see Appendix A). These programs are modeled on Evidence-based Practices and address criminogenic needs.

The Correctional Program Assessment Inventory (CPAI) is an objective instrument that allows for an examination of program fidelity to these principles (Andrews, 1995a, 1995b; Latessa & Holsinger, 1998; Latessa & Lowenkamp, 2006; Lowenkamp & Latessa, 2002; Lowenkamp, Latessa, & Smith, 2006). The CPAI assesses the value of a correctional program by comparing its integrity to the body of literature and practices proven to reduce recidivism. The research literature provides a "template" to compare the fidelity of a program to Evidence-based Practices.

Research and Planning staff has proposed three broad categories of findings based on the use of the CPAI:

1. **The program has positive value in reducing recidivism because it incorporates Evidence-Based Practices and addresses criminogenic needs.** This type program can decrease the probability of recidivism in clients who complete the program.

2. **The program has neutral value in reducing recidivism.** The program alone does not address criminogenic needs but provides benefit to offenders. A recommendation would be to link it to a category 1 program.

3. **The program has negative value in reducing recidivism because it does not incorporate the Evidence-Based Practices and/or does not address criminogenic needs.** This type program can actually increase the probability of recidivism in some clients.

For those programs that fail to meet the standard of Evidence-Based Practices, further analysis will be made to determine the feasibility of revising these programs. Researchers (Lowenkamp & Latessa, 2002 and Lowenkamp, Latessa, & Smith 2006) have found that program integrity factors are dynamic. Thus, if a program fails, the factors that caused it to fail can be corrected. If it is not feasible to make revisions, these programs will be targeted for elimination.

The CPAI assessment will yield more in-depth findings on those programs that are determined to have a positive value. Based on the research, all programs will have some deficits. The CPAI findings can help determine the deficits in each program/service along with strategies for increasing the value content of that program.

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